



PROVIDER ACCOUNTS CHANGE FORM

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING
THE PROVIDER ACCOUNTS CHANGE FORM.**

1) PHYSICAL ADDRESS

Complete this section with your OLD and NEW physical address. This is the physical location of your business. It cannot be a PO Box.

*Unless otherwise notified, your claims related correspondence will go to your physical address.
Please check the appropriate box if you would like all your mail to go to the billing address.*

**IF YOUR BILLING ADDRESS DOES NOT CHANGE, WRITE 'SAME' IN
OLD ADDRESS BOX 2.**

2) BILLING ADDRESS (Address at it appears on your bill)

Complete this section with your OLD and NEW billing address. This is where payments should be mailed.

3) PROVIDER ACCOUNT TERMINATION

Please complete the reason for Provider Account termination, name of provider to be terminated, provider number and effective date of the termination.

Tax ID (EIN) Number Change:

If the same owner owns both the old and new tax ID's, we need a letter explaining this along with the W9. The letter also needs to include the old tax ID, the new tax ID and the effective date of the change. If the tax ID change is the result of a new owner, please complete a new application and W9 form for each provider affected. A new number will be issued for the new ownership to bill with.

Tax ID Address Change:

If you have a tax ID address change, please complete a Form W-9, and return it to Provider Accounts at PO Box 44261, Olympia, WA 98504-4261.

Note: An address change form does NOT need to be completed along with the Form W-9 unless you have an address change other than for tax purposes.

Legal Name Change:

Please complete a new form W-9 and attach a note indicating the name change. If the name change is for an individual, documentation must also be submitted, i.e., marriage license, divorce decree, court order.

DBA Name Change:

Complete both the OLD and NEW provider name section, provider number and Federal tax ID.

All forms referenced above can be located on the Internet at:

www.lni.wa.gov

**Forms are listed under the
Provider Payment Information option**

VOCATIONAL PROVIDERS ONLY

Please refer to vocational change forms at

www.lni.wa.gov



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES
PO Box 44261 Olympia, WA 98504-4261

Provider Accounts Change Form

To change your mailing address, physical location, or terminate a provider account please complete the form below. Please refer to the instructions when making changes. The provider or the provider's representative must sign the form to initiate any changes.

Send this form to:

Department of Labor and Industries
Provider Accounts
PO Box 44261
Olympia WA 98504-4261

Phone: (360) 902-5140

FAX: (360) 902-4484

Unless otherwise notified, your claims related correspondence will go to your business (physical) address.

☐ Please check if you would like all mail to go to the billing address.

Old Provider Name		New Provider Name	
Individual Provider ID	Group/Firm Provider ID	Federal Tax ID	

1)	Old Physical Address	New Physical Address
<i>(where you would like to receive general correspondence; cannot be a PO Box)</i>		
Address		Address
City	State ZIP	City State ZIP
Phone		Phone

2)	Old Billing Address	New Billing Address
<i>(where you would like warrants mailed)</i>		
Address		Address
City	State ZIP	City State ZIP
Phone		Phone

3) Provider Account Termination		
I wish to terminate the provider account number below for the following reason:		
Provider Name	Provider Number	Effective Date

PLEASE SIGN AND DATE AUTHORIZING CHANGES INDICATED ON THIS FORM

Date	Signature
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